

OHIO CIVIL RIGHTS COMMISSION
CHARGE OF DISCRIMINATION
EMPLOYMENT

Agency Use Only

- ☐
- FEPA
-
- ☐
- EEOC

CHARGE NUMBER: (Agency Use Only)

CLEB4(42710)10292014
SAS
11/4/15

Completely Fill in the Following

Camille Wilson

Name of Charging Party (First Middle Last)

16327 Delrey Avenue

Address

Cleveland Ohio 44128 Cuyahoga
City State Zip Code County

216-965-5570

Telephone Number

January 7, 2015

Date(s) of Discrimination

University Hospital

Name of Company

11100 Euclid Avenue

Address

Cleveland Ohio 44106 Cuyahoga
City State Zip Code County

216-844-1000

Telephone Number

15+

Total Number of Employees

December 2009

Date of Hire

I believe I was discriminated against because of my: (Please identify)

- ☐
- Race/Color
-
- ☐
- Sex
-
- ☒
- Disability
- perceived disability
-
- ☐
- Military Status
-
- ☐
- Age (Over 40 years old only - List Date of Birth)

- ☐
- Religion
-
- ☐
- National Origin/Ancestry
-
- ☒
- Retaliation
- filed previous charge of discrimination

FOR AGE CASES ONLY: I have not commenced any action under sections 4112.14 or 4112.02(N), Revised Code with respect to the subject matter of the affidavit. I understand that upon filing of this charge with the Ohio Civil Rights Commission, I am barred from instituting any such civil action and that any monetary award or financial benefit I may receive may be limited to back pay and/or restoration of employment fringe benefits and may not include other damages to which I may be entitled as a result of such civil action.

Type of Discrimination:

- ☐
- Demotion
-
- ☐
- Failure to Hire
-
- ☐
- Layoff
-
- ☐
- Other (Specify)
-
- ☒
- Discharge/Termination
-
- ☐
- Forced to Resign
-
- ☐
- Promotion
-
- ☐
- Discipline
-
- ☐
- Harassment/Sexual Harassment
-
- ☐
- Reasonable Accommodation

Please write a brief but detailed statement of the facts that you believe indicate an unlawful discriminatory practice. Please write legibly.

I. I am a person who filed a previous charge of discrimination and I am perceived as having a disability. I have been employed by the above named Respondent since December 2009, most recently in the position of Operations Assistant. On January 7, 2015, I was terminated.

II. On January 7, 2015, Paula Gillette (non-disabled, no known protected activity), Vice President of Nursing and Patient Care Services, informed me that my position was being eliminated.

III. I believe I have been unlawfully discriminated against based on a perceived disability and retaliation for the following reasons:

A. I filed a previous charge of discrimination [CLE B4 (42710) 10292014] against Respondent in October 2014.

B. On November 5, 2014, I met with Kathy Deakins (non-disabled, no known protected activity), Manager of Respiratory Care, and Ms. Gillette who informed me that any concerns I have about being harassed must be directed to Ms. Deakins only. I do not believe my complaints will be investigated and taken seriously because I have lodged harassment complaints against Ms. Deakins.

C. On December 5, 2014, I was scheduled to meet with Thomas Snowberger (non-disabled, no known protected activity), Chief HR Officer. When I showed up for the meeting, Mr. Snowberger told me that he would address my complaints in Respondent's answer to my charge of discrimination. Immediately after this meeting, I was subjected to further harassment by Respondent when Respondent hired a private investigator to have me followed.

D. From November 5, 2014 to January 4, 2015, I was off work on FMLA. I returned to work on January 5, 2015, but my physician placed me on light duty.

E. On January 7, 2014, I met with Ms. Gillette and Kelly Skonieczny (non-disabled, no known protected activity), HR Manager, who informed me that my position was being eliminated. Ms. Skonieczny presented me with paperwork, which included language that I withdraw my previous charge of discrimination (42710).

RECEIVED

JAN 14 2015

I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency(ies) if I change my address or telephone number and that I will cooperate fully with them in the processing of my charge in accordance to their procedures.

Charging Party Signature

Date

Notary or Commission Representative

EXHIBIT

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